

**DEPARTMENT OF PUBLIC UTILITIES
TRANSPORTATION OVERSIGHT DIVISION
DECAL APPLICATION**

Decal Cost:
\$40.00 PER VEHICLE

One South Station
5 West
Boston, MA 02110
(617) 305-3559

Business Name and Address:

Phone: _____

Mailing Address:

Computer #: _____

App. Issue: _____

[] ADDRESS OK

[] RATES OK

[] INS. OK

FOR DTE USE ONLY

Certificate No. _____

REG#	TITLE #	YEAR	MAKE	TYPE	VEHICLE IDENTIFICATION NUMBER

I, the undersigned, being duly authorized, hereby apply for a current year I.D. device(s) and state that the statements herein are true to the best of my knowledge and belief.

Signature: _____

Date: _____

Title: _____
(Corporate officer/partner/owner)

This is to certify that _____ has been issued a policy of insurance by the undersigned company covering his liability as required by Certificate No. _____ granted to him by the Department under Chapter 159B of the General Laws as a Common Carrier of Property for hire.

A minimum amount of insurance of \$_____ per vehicle is required to insure the cargo while in transit.

Insurance Company _____ Ins. Code No. _____

Authorized Agent/Address _____ Telephone No. _____

Street Address _____ Policy _____

City/State/Zip _____ Effective Date _____